



**Short-term course in
human embryonic stem cell culture techniques
Baltimore, 9-13 July 2007**

Registration Form

Please fill in the blanks and tick the boxes as applicable:

A. Personal Details

Name (Last): _____ (First): _____ (Middle Initial): _____
Title: _____ Position: _____
Institution: _____
Address _____
Phone: _____ Fax: _____
Email: _____

B. Previous Experience

Tissue culture experience: _____
Experience in ES cells: <input type="checkbox"/> None <input type="checkbox"/> Mouse <input type="checkbox"/> Rhesus <input type="checkbox"/> Human <input type="checkbox"/> Other

C. Method of Payment

Course cost: \$950
<input type="checkbox"/> Cheque made payable to Technion Research & Development Foundation
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
Credit card number: _____ Expiration date (mm/yy): ____/____
<i>American Express and MasterCard request that we provide them with the 3 or 4 digits on the back of your card in order to permit the transaction. Please provide these digits here: _____</i>
Signature: _____ Date: _____

D. Other

Comments/special requirements: _____

Signature of Applicant: _____

Please fax this form to +972-4-854-2503